

Government of the District of Columbia
Department of Insurance, Securities and Banking



Lawrence H. Mirel
Commissioner

Risk Finance Bureau

FOR OFFICIAL USE ONLY

Qualified Business Application

☐ ORIGINAL INVESTMENT

☐ FOLLOW-ON INVESTMENT

A. CAPCO Information

DATE _____

1. Name of Certified Capital Company _____
2. Address _____
3. Name of Contact Person _____
4. Telephone No. _____ Fax No. _____ E-Mail Address _____

B. Qualified Business Information

1. Name of Qualified Business _____
2. Address of Qualified Business
(a) Mailing _____
(b) Headquarters _____
(c) Location of principal business operations _____
3. Date of Qualified Business incorporation/organization _____ and State of domicile _____
4. State the name of any prior incorporation/organization of the Qualified Business or d/b/a the Qualified Business is currently using _____
5. Has the Qualified Business registered with the Department of Consumer and Regulatory Affairs? ☐ YES ☐ NO
6. Does the Qualified Business have a parent, subsidiaries and/or affiliates? ☐ YES ☐ NO
If 'YES', attach an organization chart as described in Section D of this application.
7. Is the Qualified Business an affiliate of the certified capital company as determined in accordance with generally accepted accounting principles? ☐ YES ☐ NO
If "YES", state the date at which such affiliation took place. _____
8. Total number of full time and part time employees including management _____
Number employed in the District _____ Percent employed in the District _____
Percent of employees that are residents of the District _____

9. (a) Is the Qualified Business headquartered in the District? ☐ YES ☐ NO

(b) Does the Qualified Business maintain its principal business operations in the District? ☐ YES ☐ NO

10. Provide the 1997 North American Industry Classification System US Code Number (NAICS)_____,
Title and description of the industrial sector: _____

11. Indicate the appropriate category for the qualified business

- | | |
|--|---|
| <input type="checkbox"/> business consulting | <input type="checkbox"/> financial services |
| <input type="checkbox"/> computers | <input type="checkbox"/> manufacturing |
| <input type="checkbox"/> internet | <input type="checkbox"/> security services |
| <input type="checkbox"/> media | |
| <input type="checkbox"/> other (describe)_____ | |

12. Size of the qualified business as of _____ by total assets: ☐ less than \$1 million
(Application Date) ☐ \$1 million to \$5 million
☐ over \$5 million

C. Investment Information

- What is a) the proposed date of the investment? _____
b) describe the intended use of the investment: _____
- Is the investment to be used solely to establish and support District operations (except for advertising, promotion, and sales)? YES ☐ NO ☐
- State the amount of the proposed investment _____
- State the types of investments _____
- If the CAPCO's proposed investment is not in a debt or equity instrument of the Qualified Business, describe the investment _____
- Are any of these Qualified Business debt or hybrid instruments evidenced solely by any loan/note receivable having a stated final maturity date of less than one year from the loan/note origination date? ☐ YES ☐ NO
- Does the CAPCO require the Qualified Business to redeem/repurchase any of these equity instruments within one year from the investment date? ☐ YES ☐ NO
- Is the CAPCO going to make an investment of cash directly with the Qualified Business? ☐ YES ☐ NO
If "NO", explain how the investment is to be made _____
- Will this investment, together with any previous qualified investments in this Qualified Business, exceed 15% of the CAPCO's total certified capital in this program? ☐ YES ☐ NO
- Is a copy of the term sheet attached ? ☐ YES ☐ NO

D. Attachments to be submitted

Review this section for all required and supporting documentation. Check the box for each attachment you have included in this application package.

- ☐ 1. A current undiluted ownership chart including the names of the current shareholders, the classes of stock, the number of shares, the common equivalent of any preferred shares and the percent interest for each owner. In addition, identify what is owned or controlled directly or indirectly. Options and/or warrants should be indicated separately. In the case of an LLC, provide a listing of the current members and their membership interests.
- ☐ 2. Parent, subsidiary and/or affiliate information, if applicable. Attach an organization chart, a description of each related business and the relationship of each to the Qualified Business.
- ☐ 3. Names and titles of the management of the qualified business
- ☐ 4. Early stage documentation, if applicable
- ☐ 5. Term sheet for the proposed investment
- ☐ 6. Financial records of the Qualified Business and affiliates for the last fiscal year, if applicable
- ☐ 7. A list of all employees, including the residency of the employee and the location of the employee's work location.
- ☐ 8. Other_____

E. CAPCO Certifications

NOTE: IF ANY INFORMATION IS FOUND TO BE INCORRECT, IN CONFLICT WITH ANY OTHER PART OF THE APPLICATION OR IF THE APPLICATION IS INCOMPLETE, THE ENTIRE APPLICATION WILL BE RETURNED "DISAPPROVED" TO THE CAPCO AND A NEW, CORRECTED APPLICATION WILL BE REQUIRED.

ATTACHMENT A

ORIGINAL



REAFFIRM



CERTIFIED COPY OF A RESOLUTION duly passed by the (Board of Directors, Members, Partners, or Trustees) of _____, at a meeting
(Name of Qualified Business)
held on the _____ day of _____, _____, a quorum being present:
(Month) (Year)

RESOLVED THAT the _____, being considered for
(Name of Qualified Business)
an investment from _____, a District of Columbia Certified
Capital Company ("CAPCO"), intends to maintain its headquarters in the District of Columbia and conduct its
primary business operations in the District of Columbia if it receives the proposed investment, that it, together
with its affiliates, has
_____ employees, of which _____ are District employees.

I HEREBY CERTIFY that the above is a true and correct copy of the Resolution of the (Board of
Directors, Members, Partners, or Trustees) of _____, at
(Name of Qualified Business)
a meeting held on the _____ day of _____, _____.
(Month) (Year)

Print Name and Title

Signature

Date

(Notary Seal)

Subscribed and sworn to before me this
_____ day of _____, 200____

(Signature of Notary Public)

My commission expires _____